

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-575)

SERIAL NO.

10 595559

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3		3		3	
TOTAL DEP.		3		3		3
TOTAL CLAIMS	3	3	3	3	3	3

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
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92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	3		3		3	
TOTAL DEP.		3		3		3
TOTAL CLAIMS	3	3	3	3	3	3

PTO-1360 (REV. 11/84)

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